



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
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LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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April 20, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

2006 APR 18 AM 9:15

FILED

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10856111 in amount of \$4,500
Account Number 10638875 in amount of \$4,915.67
Account Number 10948608 in amount of \$4,788.52
Account Number 10830210 in amount of \$4,147.43
Account Number 10833342 in amount of \$5,000

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

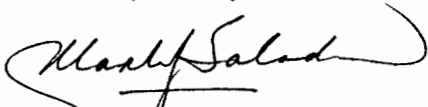
FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:ts
X:Comp.81

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 81A
DATE: April 20, 2006

Amount of Aid	\$23,448.00	Account Number	10856111
Amount Paid	0.00	Name	Adult Female
Balance Due	23,448.00	Service Date	12/13/03 to 12/16/03
Compromise Amount Offered	4,500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$18,948.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$23,448.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Missirian Orthopedic	2,606.00	500.00	3.33%
County of Los Angeles	23,448.00	4,500.00	30.00%
Net to Client	N/A	5,000.00	33.34%
Total	\$31,054.00	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 81B
DATE: April 20, 2006

Amount of Aid	\$74,244.00	Account Number	10638875
Amount Paid	0.00	Name	Adult Male
Balance Due	74,244.00	Service Date	8/20/01 to 4/11/02
Compromise Amount Offered	4,915.67	Facility	LAC USC Medical Center
Amount to be Written Off	\$69,328.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$74,244.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 4,915.66	32.77%
Attorney Cost	253.00	253.00	1.69%
County of Los Angeles	74,244.00	4,915.67	32.77%
Net to Client	N/A	4,915.67	32.77%
Total	\$79,497.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed, lives with his parents, and receives general relief and food stamps. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 81C
DATE: April 20, 2006

Amount of Aid	\$62,127.00	Account Number	10948608
Amount Paid	0.00	Name	Adult Male
Balance Due	62,127.00	Service Date	2/25/05 to 3/14/05
Compromise Amount Offered	4,788.52	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$57,338.48	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$62,127.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 4,869.84	32.47%
Attorney Cost	2,890.50	390.50	2.60%
Westmed Ambulance Inc.	1,057.75	81.82	0.55%
County of Los Angeles	62,127.00	4,788.52	31.92%
Net to Client	N/A	4,869.32	32.46%
Total	\$72,075.25	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from friends. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 81D
DATE: April 20, 2006

Amount of Aid	\$85,148.00	Account Number	10830210
Amount Paid	0.00	Name	Adult Female
Balance Due	85,148.00	Service Date	02/21/04 to 03/05/04
Compromise Amount Offered	4,147.43	Facility	LAC USC Medical Center
Amount to be Written Off	\$81,000.57	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$85,148.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$13,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,333.33	\$ 4,333.33	33.33%
Gilberto Gomez, D.C.	3,195.50	155.65	1.20%
Los Angeles Fire Department	621.25	30.26	0.23%
County of Los Angeles	85,148.00	4,147.43	31.91%
Net to Client	N/A	4,333.33	33.33%
Total	\$93,298.08	\$13,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 81E
DATE: April 20, 2006

Amount of Aid	\$44,024.00	Account Number	10833342
Amount Paid	0.00	Name	Adult Male
Balance Due	44,024.00	Service Date	4/22/04 to 5/19/04
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$39,024.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$44,024.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	450.00	450.00	3.00%
County of Los Angeles	44,024.00	5,000.00	33.33%
Net to Client	N/A	4,550.00	30.34%
Total	\$49,474.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and homeless. He has no other source of income or tangible assets.